

ANTRIM SEWER & WATER DEPT

PO BOX 517 ANTRIM NH 03440
603-588-2433

APPLICATION FOR RESIDENTIAL/COMMERCIAL *WATER AND / OR* SEWER SERVICE

APPLICATION FEE \$0.85 per sqft Residential Water payable in advance
APPLICATION FEE \$0.85 per sqft Residential Sewer Payable in advance
APPLICATION FEE \$0.85 per sqft Commercial Water Payable in advance
APPLICATION FEE \$0.85 per sqft Commercial Sewer Payable in advance

Name of Applicant/Owner_____

Billing Address_____

Telephone_____

Location and Type of Service_____ (street and lot#)

Conditions of Service

1. Only one (1) water and / *or* sewer service per building / lot is permitted, Installation shall be by Department approved contractors, subject to inspection during construction. The Department shall determine the size and type of service lines necessary prior to installation. Proper notification must be given to the Department prior to construction. The applicant / owner shall bear all costs and responsibilities associated with installation of services.
2. Applicant / Owner shall provide a water shutoff valve immediately inside building before meter and a 5/8 x 3/4 inch meter setting. Settings greater then this are Applicant / Owner cost.
3. Applicant / Owner shall install an approved backflow preventer on the service if deemed necessary by the Department.
4. Applicant / Owner shall install the proper regulating valves on all direct pressure appliances.
5. Applicant / Owner shall not install any electrical grounding wire to the plumbing, except on the street side of the water shutoff valve.
6. Applicant / Owner agrees to maintain accessibility to meter and meter reader at all times, to prevent freezing ,to promptly repair leaks, and to allow inspections by duly authorized Department representatives.
7. All engineering costs and review paid by Applicant / Owner
8. If applicable the Applicant/Owner will secure necessary permits for crossing a state highway.

The undersigned agrees with conditions
as listed above and with any other Rules
& Regulations of the Department

Applicant / owner

APPROVED_____

Date_____

Commissioners _____